DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/27/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	ULTIPLE LDING	E CONSTRUCTION 01 - 395 WESTFIELD RD	(X3) DATE SURVEY COMPLETED	
		155669	B. WIN	IG		08/	R 16/2011
NAME OF PROVIDER OR SUPPLIER RIVERVIEW TCU				395	ET ADDRESS, CITY, STATE, ZIP CODE S WESTFIELD RD OBLESVILLE, IN 46060		10/2011
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS		{K (000}			
	A Fire Safety Evaluation System (FSES) Survey and a Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/15/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 08/16/11 Facility Number: 011046 Provider Number: 155669 AIM Number: NA Surveyor: Mark Caraher, Life Safety Code Specialist At this FSES survey, Riverview TCU was found in compliance with NFPA (National Fire Protection Association) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Recertification and State Licensure Survey. Achieving a passing score on the FSES Survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2001 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC). This facility is located on the fourth floor of a fully sprinklered building determined to be of Type I (332) construction. The facility has a fire alarm system with smoke detection in the corridor. The facility has a capacity of 25 and had a census of 12 at the time of this visit.						
LABORATORY		bbert Booher, Life Safety SUPPLIER REPRESENTATIVE'S SIGNATURE	=		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		B. WIN	3 <u></u>		R 08/16/2011			
NAME OF PROVIDER OR SUPPLIER				STRI	EET ADDRESS, CITY, STATE, ZIP CODE	08/1	6/2011	
RIVERVIEW TCU			395 WESTFIELD RD NOBLESVILLE, IN 46060					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		1	ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APP DEFICIENCY)		OULD BE COMPLETION		
{K 000} {K 032} SS=F	Code Specialist-Medi NFPA 101 LIFE SAFE Not less than two exit are provided for each building. Only one of horizontal exit. 19.	cal Surveyor on 08/17/11. ETY CODE STANDARD s, remote from each other, floor or fire section of the these two exits may be a 2.4.1, 19.2.4.2	{K 0				6/15/11	
	Based on observation and interview, the facility failed to ensure 2 of 2 smoke compartments were provided with at least one exit providing a continuous path of travel to an exit discharge. This deficient practice affects all occupants in the facility including residents, staff and visitors. Findings include:				Correction obviated. Passed FSES	S.		
	to 10:00 a.m. on 08/1 emergency exits. On the adjacent smoke c smoke compartment second exit is an exit connect to an exit dis exterior. Based on in observation, the Execution acknowledged each sprovided with at least directly to the exterior	of the facility from 9:15 a.m. 6/11, the TCU has two e exit is a horizontal exit into ompartment. The adjacent has two exit stairwells. The stairwell that does not charge directly to the terview at the time of cutive Director smoke compartment is not one exit discharging						
{K 034}	3.1-19(b) NFPA 101 LIFE SAFE	ETY CODE STANDARD	{K 0	34}			6/15/11	

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NAME OF PROVIDER OR SUPPLIER RIVERVIEW TCU				STREET ADDRESS, CITY, STATE, ZIP CODE 395 WESTFIELD RD NOBLESVILLE, IN 46060				
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{K 034} SS=F			{K ()34}				
	This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a continuous protected path of travel to an exit discharge for 3 of 3 exits in accordance with LSC sections 7.2.3.5. LSC 7.2.3.5 requires every smoke proof enclosure shall discharge into a public way, into a yard or court having direct access to a public way, or into an exit passageway. Such exit passageways shall be without openings other than the entrance from the smoke proof enclosure and the door to the outside yard, court, or public way. The exit passageway shall be separated from the remainder of the building by a two hour fire resistance rating. This deficient practice affects all occupants in the facility including residents, staff and visitors. Findings include: Based on observations with the Executive Director during a tour of the facility from 9:15 a.m. to 10:00 a.m. on 08/16/11, the fourth floor on which the TCU is located is divided into two smoke compartments and has three stairwell exits. Additionally, the fire resistance rating of the three exit enclosures on the first floor of the hospital to the exit discharge door is less than two				Correction obviated. Passed FSES	> .		
	hours. Based on inte observation, the Execution acknowledged each of							

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{K 034}	Continued From page passageways are not remainder of the build resistance rating. 3.1-19(b)	separated from the	{K C	34}			